ı	•								Application or nocket with per				
_	PATEN	10822548											
		CLAIMS		S FILED - PART I (Column 1) (Column 2)				SMALL ENTITY			OTHER THAN		
Г	TOTAL CLAIM	IS .	1/1				7.		<u> </u>		SMALL		
╟.	OR		1-41	•				RATE	-	_	RATE	FEE .	
-	OTAL CHARGEABLE CLAIMS		NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC F			BASIC FE	770.00	
-		1	inus 20=	. 2			X\$ 9=	186	OF	X\$18=			
╟─	DEPENDENT	minus 3 a			4		X43=	1172	OR	· X86=			
MULTIPLE DEPENDENT CLAIM PRESENT								<u> </u>			+290=		
• (* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL	Till	OR	<u> </u>		
:		CLAIMS AS			Ц	OTHER	THAN						
_	· · ·	(Column 1)	1 -	SMALL	ENTITY	OR	SMALL						
AMENDMENT A		REMAINING AFTER AMENDMENT	.:-	HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAI FEE		RATE	ADDI- TIONAL FEE	
NON	Total	. 77	Minus	1 4	/ ·	• ''		X\$ 9=		OR	X\$18=		
AME	Independent	1. (/	Minus)	P		.X43=		OR	X86=		
	/ /	ENTATION OF M	OLTIPLE DE	PENDENT	CLAIM			+145=		OR	+290=		
n	n lhila							TOTAL		-	TOTAL ADDIT, FEE		
1	1416	(Column 1)	······································	(Colum	n 2)	(Column 3)	. ~	DOIT. FEE	-		ADDIT. PEET	·	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	ER JSLY.	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NO	Total	-6	Minus	- 4	/			X\$ 9=		OR	X\$18=	I	
AM	Independent	NTATION OF MU	Minus	SENDENT	2	-		X43=		OR	X86=		
			CITI CE DE	21402141	CANINI			+145=		ЮB	+290=		
•		•					. AD	TOTAL OIT. FEE		OR	TOTAL ADDIT, FEE		
		(Column 1)		(Column	2)	(Column 3)			•				
ا د		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
	Total		Minus	**				X\$ 9=	1 16		X\$18=	FEE	
	Independent		Minus	•••			\vdash			OR			
Ī	FIRST PRESE	NTATION OF MUI	LTIPLE DEP	ENDENT C	LAIM		F	X43=		OR	X86=		
	he antor is set	· · · · · · · · · · · · · · · · · · ·	antaria ast '				Ŀ	145=		OR .	+290=		
• i/ (he "Highest Num	nn 1 is less than the ther Previously Paid	For IN THIS	SPACE is les	ss than	20. enter "20."	ADC	TOTAL MT. FEE		OR A	TOTAL DOIT, FEE		
Th	e "Highest Numb	nber Previously Paid ter Previously Paid I	For (Total or)	i SPAUL IS le Independenti	ss than is the h	J. enter "J." iighest number f	aund	in the appr	ropriate box].	